

UNIVERSITI PUTRA MALAYSIA

IMPACT OF ABUSIVE SUPERVISION, PERCEIVED INJUSTICE AND CULTURAL VALUES ON COUNTERPRODUCTIVE WORK BEHAVIOURS OF NURSES IN PUBLIC HEALTHCARE IN MALAYSIA

LOW YOKE MAY

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By

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DEDICATION

To Ravin, my amazing husband,

To Daddy Low & Mommy Low, my sweet and loving parents,

To Adrian, my supportive brother.

"Our greatest glory is not in never falling, but in rising every time we fall." - Confucius

Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Doctor of Philosophy

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By

LOW YOKE MAY

August 2016

Chairman: Professor Murali Sambasivan, PhD

Faculty: Graduate School of Management, UPM

Counterproductive Work Behaviours has captured the attention of organizational researchers due to its pervasiveness in the workplace. Previous research has indicated that patient satisfaction is one of the priorities in any healthcare organization. Hence, it is of great importance to mitigate counterproductive work behaviours among nurses in order to assist patrons in achieving anticipated outcomes and satisfaction. Yet, there is a gap in literature whereby the contingencies affecting nurses' perception of injustice and decision in engaging CWB subjected to abusive supervision have not been explored extensively. This study fills the gap by examining the relationship between abusive supervision, nurses' perception of injustice, individual differences (collectivism value orientation, power distance orientation and locus of control) and CWB using a sample of 337 nurses in six public hospitals in Klang Valley, Malaysia. Data was collected through questionnaire survey using drop and pick method. Descriptive and inferential statistical analyses were conducted to respond to the four research questions and research objectives of the study. Furthermore, a total of seven hypotheses were tested in this study using partial least square structural equation modeling (PLS-SEM).

Results of the analyses indicate that there is a significant relationship between (i) abusive supervision and nurses' perception of injustice, (ii) abusive supervision and counterproductive work behaviours, and (iii) nurses' perception of injustice and counterproductive work behaviours. Moreover, nurses' perception of injustice is found to mediate the relationship between abusive supervision and counterproductive work behaviours. Furthermore, support is also found for the moderating effect of power distance orientation and locus of control on the relationship between abusive supervision and nurses' perception of injustice, and

nurses' perception of injustice and counterproductive work behaviours respectively. However, the moderating effect of collectivism value orientation is found to be insignificant.

The findings of this study provide a theoretical basis and empirical evidences of individual differences (power distance orientation and locus of control) in mitigating counterproductive work behaviours among nurses. In terms of practise, the findings can assist nurse manager and hospital management in nurses' selection and providing suitable training programs for the nurses. This research applied a cross-sectional study design and self-report measures but still presented significant implications for existing and future theoretical models of abusive supervision and counterproductive work behaviours.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Doktor Falsafah

IMPAK PENYALAHGUNAAN KUASA PENYELIAAN, PERSEPSI KETIDAKADILAN, DAN NILAI-NILAI KEBUDAYAAN TERHADAP TINGKAHLAKU KERJA TIDAK PRODUKTIF JURURAWAT DI SEKTOR PENJAGAAN KESIHATAN AWAM DI MALAYSIA

Oleh

LOW YOKE MAY

Ogos 2016

Pengerusi: Profesor Murali Sambasiyan, PhD

Fakulti : Sekolah Pengajian Siswazah Pengurusan, UPM

Tingkahlaku kerja tidak produktif telah menarik perhatian penyelidik organisasi kerana keleluasaan tingkahlaku ini di tempat kerja. Kajian lepas menunjukkan bahawa kepuasan pesakit merupakan salah satu keutamaan di organisasi penjagaan kesihatan. Oleh itu, ia adalah amat penting untuk mengurangkan insiden tingkahlaku kerja tidak produktif jururawat bagi membantu pelanggan mencapai tahap kepuasan yang dijangkakan dan diingini. Namun, terdapat jurang dalam literatur di mana faktor-faktor yang menyumbang terhadap persepsi ketidakadilan jururawat dan keputusan jururawat dalam melakukan tingkahlaku kerja tidak produktif tertakluk kepada penyalahgunaan kuasa penyeliaan masih belum disiasat secara meluas. Kajian ini mengisi jurang tersebut dengan mengkaji hubungan di antara penyalahgunaan kuasa penyeliaan, persepsi ketidakadilan jururawat, perbezaan individu (nilai kolektivisme, nilai jarak kuasa dan lokus kawalan) dan tingkahlaku kerja tidak produktif dengan menggunakan sampel 337 jururawat di enam hospital awam di Lembah Klang, Malaysia. Data dikumpul melalui soal selidik dengan menggunakan kaedah "drop and pick". Analisis statistik deskriptif dan inferensi telah dijalankan untuk menjawab empat persoalan penyelidikan kajian dan objektif kajian. Di samping itu, sebanyak tujuh hipotesis telah diuji dalam kajian ini dengan menggunakan kaedah "partial least square structural equation modeling" (PLS-SEM).

Keputusan analisis menunjukkan bahawa terdapat hubungan yang signifikan di antara (i) penyalahgunaan kuasa penyeliaan dan persepsi ketidakadilan jururawat, (ii) penyalahgunaan kuasa penyeliaan dan tingkahlaku kerja tidak produktif, dan (iii) persepsi ketidakadilan jururawat dan tingkahlaku kerja tidak produktif. Selain itu,

kajian ini juga menunjukkan bahawa persepsi ketidakadilan jururawat merupakan pengantara bagi hubungan di antara penyalahgunaan kuasa penyeliaan dan tingkahlaku kerja tidak produktif. Tambahan pula, nilai jarak kuasa mempunyai kesan moderasi ke atas hubungan di antara penyalahgunaan kuasa penyeliaan dan persepsi ketidakadilan jururawat. Manakala, nilai lokus kawalan mempunyai kesan moderasi ke atas hubungan di antara persepsi ketidakadilan jururawat dan tingkahlaku kerja tidak produktif. Walau bagaimanapun, nilai kolektivisme tidak mempunyai kesan moderasi ke atas hubungan di antara penyalahgunaan kuasa penyeliaan dan persepsi ketidakadilan jururawat.

Hasil kajian ini menyediakan asas teori dan bukti empirikal faktor-faktor perbezaan individu (nilai jarak kuasa dan lokus kawalan) dalam mengurangkan kejadian tingkahlaku kerja tidak produktif jururawat. Dari segi amalan, penemuan kajian ini boleh membantu pengurus jururawat dan pengurusan hospital dalam proses pemilihan jururawat dan penyediaan program latihan bagi jururawat.

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I certify that a Thesis Examination Committee has met on August 18, 2016 to conduct the final examination of Low Yoke May on her thesis entitled "Impact of Abusive Supervision, Perceived Injustice and Cultural Values on Counterproductive Work Behaviours of Nurses in Public Healthcare in Malaysia" in accordance with the Universities and University Colleges act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Degree of Doctor of Philosophy.

Members of the Thesis Examination Committee were as follows:

Lailawati Mohd. Saleh, PhD

Associate Professor Faculty of Economics & Management Universiti Putra Malaysia (Chairman)

Haslinda Abdullah

Associate Professor Faculty of Human Ecology Universiti Putra Malaysia (Internal Examiner)

Carol Hooi, PhD

Associate Professor Nottingham University School of Business The Nottingham University Malaysia Campus (External Examiner)

Pawan Budhwar, PhD

Professor Aston Business School Aston University Birmingham, United Kingdom (External Examiner)

PROF. DR. M. IQBAL SARIPAN

Deputy Vice Chancellor (Academic & International) Universiti Putra Malaysia

Date:

On Behalf of, Graduate School of Management, UPM This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfillment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

Murali Sambasivan, PhD

Professor Taylor's Business School Taylor's University (Chairman)

Ho Jo Ann, PhD

Associate Professor
Faculty of Economics & Management
Universiti Putra Malaysia
(Member)

Dahlia Zawawi, PhD

Senior Lecturer
Faculty of Economics and Management
Universiti Putra Malaysia
(Member)

PROF. DR. M. IQBAL SARIPAN

Deputy Vice Chancellor (Academic & International) Universiti Putra Malaysia

Date:

On Behalf of, Graduate School of Management, UPM

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Signature: _		Date	
Name and Ma	tric No.: Low Yoke May GM02915		

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Chairman of the Supervisory Committee

Signature: Name : Prof. Dr. Murali Sambasivan Faculty : Taylor's Business School, Taylor's University
Members of Supervisory Committee
Signature : Name : Assoc. Prof. Dr. Ho Jo Ann
Faculty : Faculty of Economics and Management, UPM
Signature:
Name : Dr. Dahlia Zawawi
Faculty: Faculty of Economics and Management, UPM

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CHAPTER 1

INTRODUCTION

1.1 Introduction

Chapter One presents the introduction of this research, which is comprised of five main sections: (i) background of the study, (ii) problem statement, (iii) research questions, (iv) research objectives, (v) significance of the study, and (vi) layout of the thesis.

1.2 Background of the Study

Counterproductive Work Behaviours (CWB) is a phenomenon that is not uncommon at this present time and has sparked interest among many organizational researchers due to its pervasiveness since the past two decades (e.g., Mitchell and Ambrose, 2012; Wang, Mao, Wu and Liu, 2012; Burton and Hoobler, 2011; Berry, Ones and Sackett, 2007; Tepper, 2007; Tepper, Duffy, Henle and Lambert, 2006; Vardi and Weitz, 2004; Penney and Spector, 2002; Tepper, 2000; Geddes and Baron, 1997). Besides, it has been noted that organizational members engage in CWB with the intention to harm an organization and its members (e.g. clients, co-workers, customers, and supervisors) (Spector and Fox, 2005), thus emerging as one of the most severe problems faced by organizations among many nations (Chappell and Di Martino, 2006). These active and volitional behaviours do not only violate organizational norms, but they are also detrimental to the interests of the particular organization and hamper the achievement of organizational goals (Spector *et al.*, 2005; Bennett and Robinson, 2000).

Some of the obnoxious CWB acts include employee theft, employee withdrawal (i.e. absenteeism and lateness), sabotaging, rumour-mongering, verbal abuse, drug abuse, and aggression (Gruys and Sackett, 2003; Robinson and Bennett, 1995). Therefore, it does not come as a surprise if these negative behaviours lead to negative consequences to the well-being of the organizations and their members. For instance, Vardi *et al.* (2004) reported two major costs linked to CWB: financial costs (e.g., violation of law and regulations, as well as destruction of organizational property), and social costs (e.g., harassment and destructive political behaviours) (Griffin and O'Leary-Kelly, 2004).

From the economic standpoint, CWB in organizations have been viewed as pervasive and costly (Dunlop and Lee, 2004). For example, Penney *et al.* (2002) revealed that 95% of employees did engage in some form of CWB at least once. In addition, it was estimated that losses experienced by American businesses due to employee theft alone ranged from \$6 billion to \$200 billion annually (Vardi *et al.*, 2004; Murphy, 1993;

Govoni, 1992), and cases alike have been cited as a major cause of business failures mounting up to as much as 20% (Coffin, 2003).

Apart from the economic losses to businesses, indirect costs also incur from such deviant behaviours at the workplace. In short, those who engage in CWB cause chaos in an organization. These negative behaviours will eventually affect the workforce in several aspects - physically, mentally or both, and the whole organization itself. Furthermore, according to Andersson and Pearson (1999), deviant behaviours may generate negative effects upon the well-being of fellow employees. These employees can become emotionally unstable due to the counterproductive acts practiced by their peers or subordinates or supervisors. For instance, Bowling and Beehr (2006) in their study concerning workplace aggression found that these behaviours have negative consequences on both the mental and physical aspects of health among the victims.

Due to the disastrous effect as a consequence of CWB, a great deal of researches have been conducted especially to determine the antecedents of CWB (i.e., Hershcovis, Turner, Barling, Arnold, Dupre, Inness, LeBlanc and Sivanathan, 2007; Tepper, 2007; Marcus and Schuler, 2004; Lau, Au and Ho, 2003; Bolin and Heatherly, 2001). As such, one of the important antecedents of CWB is abusive supervision, which has received rather considerable attention from the academics. This particular variable definitely requires significant attention as the abusive behaviour exerted by supervisors could eventually lead to substantial losses for companies, besides undermining the well-being of the organization and the employees. Moreover, Tepper et al. (2006) claimed that abusive supervision incurs considerable costs to U.S. corporations (in terms of absenteeism, healthcare, and loss of productivity), which can be as high as \$23.8 billion annually in estimate.

Abusive supervisors have been found to use their power and authority oppressively and vindictively towards their subordinates (Ashforth, 1997). Besides, they ridicule and humiliate their subordinates publicly (Mitchell and Ambrose, 2007; Keashly, 1998). Such behaviours could evoke negative reactions among the employees (Tepper, 2007), threaten the sense of self among subordinates (Thau and Mitchell, 2010), undermine the perception of employees concerning fair treatment by their supervisors (e.g., Bies, 2001; Tepper, 2000; Skarlicki and Folger, 1997; Tyler and Lind, 1992; Lind and Tyler, 1988), as well as dampen the morale, the psychological health, and the productive behaviours among employees (e.g., Hershcovis and Barling, 2010; Neuman and Baron, 1998; Tepper, 2000).

In addition, Tepper (2007) asserted that the healthcare industry appears to be particularly susceptible to the occurrence of abusive supervision. The incidences of abusive supervision in the healthcare setting are far from accidental as employees are burdened with heavy work demands, significant time pressure, and inherent improbability (diagnosis and treatment), coupled with high cost of failure (Richman, Flaherty and Rospenda, 1996; Richman, Flaherty, Rospenda and Christensen, 1992). In fact, it is rather unfortunate to note that the escalation of workplace bullying in the

health and community care sectors are four times more rampant than sexual harassment (Rowell, 2005). Other than that, Yildirim, Yildirim and Timucin (2007) discovered that one of the many professions exposed to high amount of stress is nursing with abusive supervision being the dominant source of stress. Moreover, as illustrated by Anderson and Stamper (2001), 90% of nurses experienced at least once an episode of abusive supervision at an annual basis. Additionally, Rosenstein and O'Daniel, based on a survey conducted in a hospital in the United States in 2005, presented that 72% of nurse respondents did witness disruptive behaviours (i.e. CWB) perpetrated by other nurses, while two-third of the nurses claimed that they were abused at least once every two to three months. Hence, it has been expected that the negative experience of abusive supervision endured by these nurses may further escalate their decision in engaging CWB.

The incidence of abusive supervision in the healthcare sector has surfaced as a real threat faced by personnel in their daily work. Moreover, there is an increasing interest in researches pertaining to voluntary behaviours, of which the intention is to harm the healthcare organization, healthcare staff or even innocent clients (Jonge and Peeters, 2009). Besides, a report by Summers (1999) confirms that for non-fatal assaults, occupations in the service-oriented organizations, such as those occurring in hospitals, nursing homes, and social service agencies, record the highest risk. Moreover, employees within hospital settings are the potential victims of any form of CWB by colleagues (i.e. supervisor and co-workers), patients, and visitors; causing them to suffer from mental and physical stress.

1.3 Why Nursing Context?

Nurses play a significant function in providing and coordinating patient care, educating patients and the public regarding various health conditions, as well as in providing advice and emotional support to patients and their family members. Besides, the major caring roles held by nurses' show that they have the most contact with patients in the hospital. In other words, nurses interact more often with hospitalized patients, in comparison to other groups of healthcare providers (Nussbaum, 2003; McQueen, 2000).

On top of that, the American Society of Registered Nurses (2007) has reported that approximately 1,000 nurses in Malaysia quit their profession annually; in which one of the reasons cited by the local nurses was due to the demanding work and long working hours. With high work load demand and long working hours, one can say that, by nature, nursing is indeed a stressful profession (Attridge, 1996; Gottlieb, Kelloway and Matthew-Martin, 1996; Chapman, 1993; Dewe, 1987) in comparison to other professions (Verhaeghe, Vlerick, De Backer, Van Maele and Gemmel, 2008). Additionally, Daiski (2004) and McKenna, Smith, Poole and Coverdale (2003) claim that nurses who suffer from abusive supervision are more likely to leave their position, or their profession as a nurse.

Furthermore, the health facts delivered by the Malaysian Ministry of Health (MOH) have testified that the ration of nurse to population in Malaysia is 1:305 (MOH, 2016). Based on this current ratio, Malaysia is deemed to face shortages in the number of nurses, as asserted by the World Health Organization (WHO) (2012), whereby the recommended ratio of nurse to population for a country like Malaysia is 1:200. Meanwhile, other countries have the following ratios: Norway, United States of America, Singapore, and Brunei with 1:31, 1:102, 1:169, and 1:204, respectively (WHO, 2012). As such, it is undeniable that our nurses are burdened with heavy workload.

Due to this alarming issue, it is essential to focus on nurses as the amount of nurses in the country is insufficient. Nurses are also important in providing quality care to ensure optimum patient satisfaction and quality outcomes. Besides, prior studies have linked abusive supervision to CWB among nurses, whereby nurses who experienced abusive supervision displayed more tendency to engage in CWB (Felblinger, 2008; Farrell, Bobrowski and Bobrowski, 2006; Rosenstein *et al.*, 2005). As a result, CWB displayed by nurses as a form of retribution towards abusive supervision may negatively affect the level of satisfaction among patients, besides jeopardizing patient care as they have been proven to have the most contact with patients in hospitals (Felblinger, 2008; Farrell *et al.*, 2006; Rosenstein *et al.*, 2005; Rowe and Sherlock, 2005).

Nurses suffering from abusive supervision at workplace will have their job in providing patient care to be adversely affected (Felblinger, 2008). Rosenstein *et al.* (2005) have further reported that healthcare providers discovered a strong correlation between disruptive behaviours and antagonistic clinical results, such as patient satisfaction, quality care, patient safety, and errors, while 25% of healthcare workers exhibited a strong relationship between disruptive behaviours and patient mortality. Hence, negative attitude displayed by nurses, as well as low quality care and patient satisfaction, would affect not only the public, but also potential medical tourists visiting the country. Consequently, the objective laid by the Malaysian government to make Malaysia a medical tourism destination could also be dampened.

1.4 The Eleventh Malaysian Plan (2016 - 2020)

As depicted in the Eleventh Malaysian Plan 2016-2020, as well as the Country Health Plan (Tenth Malaysian Plan) 2011-2015, the well-being of fellow Malaysians is indeed an emphasis through quality healthcare services (MOH, 2016; 2011). In fact, the notion of 'well-being' has remained a priority thrust to realize Vision 2020, as stated in the Eleventh Malaysian Plan.

Besides, one major emphasis to improve the well-being of the citizens is to provide access to quality healthcare services by increasing the quality of human resource for health. This can help improve the healthcare system in our country through several ways; enhancing efficiency and effectiveness. In line with that, the Malaysian MOH

(2011b) has stated that in order to increase the quality of healthcare services, we will need to ensure to have nurses with high quality.

Furthermore, in the last few years, Malaysia has emerged as a popular destination for health tourism from several neighbouring countries, such as Indonesia (69%), Singapore (12%), Japan, Australia, United Kingdom, and some European countries (Pemandu, 2012). Interestingly, the medical tourism industry has become one of the fastest growing segments in Malaysia with approximately 400,000 health visitors seeking for medical services in year 2010, which generated a whopping over RM380 million in revenue (Pemandu, 2012).

However, Malaysia is behind Singapore and Thailand at present in terms of providing high quality healthcare experiences. Therefore, one of the many ways to improve the quality of healthcare services is by mitigating the incidences of CWB among nurses for Malaysia to achieve its goal in the Eleventh Malaysian Plan, besides staying competitive in the medical tourism industry.

1.5 Public Healthcare Sector in Malaysia

Malaysia has displayed an efficient healthcare system operated by both the public and the private sectors. Even though there are dual systems in the healthcare sector, the Malaysian healthcare sector remains under the responsibility of Malaysian MOH, as it is the main policy maker and regulatory body accountable for the public healthcare sector in the country.

In addition, the public healthcare sector is the main pillar of the Malaysian healthcare system although the private healthcare sector delivers nearly 50% of the overall healthcare services in the country (Ghani and Yadav, 2008). Furthermore, health facts 2016 reports that the MOH provides healthcare services through 143 hospitals and numerous health clinics, whereas for the private sector, a total of 183 private hospitals and extensive general practitioner clinics are available throughout the country (MOH, 2016).

For instance, Table 1.1 portrays the number of doctors, nurses, beds, inpatient admissions, and outpatient attendances in both public and private healthcare sectors. In comparison, the public healthcare sector has been found to play a dominant role in providing healthcare services in Malaysia (MOH, 2016). A total of 33,545 doctors, 64,016 nurses, 41,389 beds, 2.52 million inpatient admissions, and 20.57 million outpatient attendances have been reported in public hospitals. On the other hand, private hospitals display the following records: 12,946 doctors, 30,335 nurses, 12,963 beds, 1.06 million inpatient admissions, and 3.93 million outpatient attendances. Although more private hospitals are recorded in the country, in reality, 76% of hospital beds are available within public hospitals, attending to a huge 70% of admissions.

Table 1.1: An Excerpt from Health Facts 2016

	Public Hospitals	Private Hospitals
Number of Doctors	33,545	12,946
Number of Nurses	64,016	30,335
Number of Beds	41,389	12,963
Inpatient Admissions	2,526,205	1,064,718
Outpatient Attendances	20,572,431	3,932,361

Source: Ministry of Health (2016)

Since the public healthcare sector tends to the majority of admissions in the country, it is essential for the private sector to improve and to maintain their resources and practices. This is especially to ensure that the demand for quality healthcare can be adequately met, apart from delivering effective and efficient services to the nation.

1.5.1 Quality of Service in Public Hospitals

The Public Complaints Bureau (PCB), which was set up in 1971, deals with complaints made by the people against the civil service in Malaysia. Besides, Table 1.2 depicts that public hospitals were rated as the top five highest ministries with public complaints from year 2012 until 2015. The number of complaints made towards the health ministry was comparatively high compared to the total complaints received by PCB. For example, in year 2015, 10% of the complaints were directed at the health ministry, out of 25 ministries. Although the reasons for these complaints were made unknown, one can conclude from the complaints made upon civil services by PCB that dissatisfaction with the quality of services rendered by civil servants emerged as a major reason for public complaints. Other than that, the figures presented in Table 1.3 present the complaints received by PCB based on several categories for the overall public sector for the past five years (2011 – 2015).

Table 1.2: Complaints received by Public Complaints Bureau (PCB) according to Ministries for the public sector for the period of 2011 – 2015

Ministry		Number	of comp	olaints	
	2011	2012	2013	2014	2015
Home Affairs	1,356	1,247	1,186	780	692
Health	542	581	480	368	401
Prime Minister's Department	389	494	431	502	334
Works	818	837	458	296	327
Finance	585	482	445	298	318
Education	368	479	450	367	286
Energy, Green Technology and Water	426	429	254	209	198
Communication and Multimedia	638	397	432	288	172
Urban Well-being, Housing and Local	190	296	185	147	152
Government					
Natural Resources and Environment	369	277	186	187	150
Federal Territories	667	546	363	147	144
Domestic Trade, Cooperatives and	415	349	188	129	132
Consumerism		to a second			
Human Resource	315	213	193	133	129
Higher Education Sector	268	249	178	86	110
Transport	293	221	232	138	102
Women, Family and Community	261	239	147	165	65
Development					
Rural and Regional Development	145	104	143	117	52
Agriculture and Agro-based Industry	143	102	107	97	52
Defence	44	60	50	27	21
Tourism and Culture	27	16	9	9	19
Youth and Sports	13	21	16	13	10
Foreign Affairs	16	14	20	2	10
Plantation Industries and Commodities	13	8	15	5	9
Science, Technology and Innovation	8	8	9	3	7
International Trade and Industry	12	12	6	5	0
TOTAL COMPLAINTS	8,321	7,681	6,183	4,518	3,892

Source: http://pcb.gov.my

Table 1.3 demonstrates that complaints regarding unsatisfactory quality of services as the top three categories of complaints from year 2011 until 2015. Since public hospitals were among the highest public agencies that received public complaints within this period, it can be concluded that public hospitals should look into their quality of service in order to enhance satisfaction among patients.

Table 1.3: Complaints received by Public Complaints Bureau (PCB) according to categories for the public sector for the period of 2011 – 2015

Category	Percentage of complaints (%)				
	2011	2012	2013	2014	2015
Delay/No action	44.70	46.70	43.30	37.80	39.90
Unsatisfactory quality of service	18.20	14.60	17.70	11.30	9.70
Unfair action	12.30	11.20	11.30	7.20	6.80
Failure of enforcement	8.40	7.90	8.10	11.90	14.70
Lack of public amenities	6.30	6.30	5.80	6.20	7.40
Failure to adhere to set procedures	2.30	2.50	2.80	7.60	13.10
Misconduct of civil servant	1.80	1.80	2.00	2.30	2.70
Abuse of power/misappropriation	1.50	1.30	1.50	2.10	2.40
Inadequacies of policy implementation & law	0.50	0.60	0.40	1.50	2.00
Miscellaneous complaints	3.90	7.20	7.10	12.20	1.20

Source: http://pcb.gov.my

1.5.2 Issues of Counterproductive Work Behaviours (CWB) among Nurses in Public Hospitals

The common manifestations of abusive supervision and CWB in the healthcare setting are widespread, and Malaysia is not exceptional. Although not much evidence or formal statistics is available specifically on CWB among nurses in Malaysia, some press releases to support the need to investigate abusive supervision and CWB among nurses serving at Malaysian public hospitals are evidenced.

Moreover, evidence suggests that abusive supervision at workplace constitutes 70% of workplace bullying in Malaysia, as highlighted in a local newspaper known as 'The Star' (Tan, 2013). Some cases that have been listed are dishonesty, poor work attitude, fake medical claims, and abuse, to name a few, regarding public service organizations in the country (Abdul, Alwi and Aizzat, 2012). Other than that, Ghazali (2002) has also emphasized the increasing criticism concerning the quality of staff employed at Malaysian public hospitals, in which YB Dato' Sri Liow Tiong Lai reported that the 23% of public complaints against nurses were indeed related to their behaviours (Liow, 2009).

Besides, Table 1.4 presents the top ten cases of abusive supervision and CWB in public hospitals found in the Klang Valley based on the findings obtained from a survey conducted in this research, which further display that the incidences of abusive supervision and CWB are prevalent in the context of Malaysian public hospitals; thereby require further attention.

Table 1.4: Top 10 Cases of Abusive Supervision and CWB in Malaysian Public Hospitals

Abusive Supervision Incidents	%	CWB Incidents	%
Gives me the silent treatment.	59.30	Swore at my supervisor.	54.90
Does not give me credit for jobs requiring a lot of effort.	56.60	Calling in sick when not.	54.00
Ridicules me.	56.60	Endanger customers by not following safety procedures.	50.70
Does not allow me to interact with my peers.	56.40	Argue or fight with customers.	48.40
Invades my privacy.	52.00	Come in late to work without permission.	47.50
Is rude to me.	52.00	Physically attack a customer (pushing/hitting).	46.90
Makes negative comments about me to others.	50.70	Made an ethnic, religious or racial remark against my supervisor.	46.90
Lies to me.	50.10	Publicly embarrassed my supervisor.	46.60
Break promises he/she makes.	50.00	Littered your work environment.	44.20
Tells me my thoughts or feelings are stupid.	36.80	Made an obscene comment or gesture towards my supervisor.	38.60

1.6 Problem Statement

Numerous researches found in the literature (e.g., Robinson et al., 1995; LePine, Erez and Johnson, 2002; Podsakoff, Whiting, Podsakoff and Blume, 2009) have suggested that the links people have with their supervisors, co-workers, and subordinates exhibit a strong impact upon their personal well-being and success, including organizational morale and productivity. This is because CWB is destructive as it leads to huge financial losses (e.g., Vardi et al., 2004), damages the morale and retention of employees (Bennett et al., 2000; Griffin et al., 2004), harms the physical and mental health of the organizational members (Bowling et al., 2006), and affects the performance of organizations (Levine, 2010; Ivancevich, Duening, Gilbert and Konopaske, 2003). Nonetheless, the concept of CWB has yet to be specifically addressed in the nursing literature. Although studies pertaining to violence (e.g., Hockley, 2002; Mayhew and Chappell, 2001), aggression (e.g., Edward et al., 2014; Farrell et al., 2006; Farrell, 1999) and bullying (e.g., Murray, 2009; Felblinger, 2008; Hutchinson, Vickers, Jackson and Wilkes, 2006; Hockley, 2002; Farrell, 2001) are abundantly available, only a handful of studies have looked into CWB in the nursing context. Additionally, most studies on CWB have primarily focused on nurse-to-nurse violence and aggression (e.g., Edward et al., 2014; Hockley, 2002; Farrell, 1999) instead of abusive supervision. Therefore, there is a dire need to study the impact of abusive supervision towards CWB among nurses.

Abusive supervision, which is an important antecedent of CWB, has attracted the attention of many researchers worldwide due to its profound influence upon the emotional and physical well-being of employees (Einarsen, Hoel, Zapf and Cooper, Hence, many studies have suggested that abused employees respond negatively towards their supervisors by engaging in CWB (Mitchell et al., 2007; Inness, Barling and Turner, 2005; Tepper, 2000; Robinson et al., 1995). Although abusive supervision has been given a great deal of attention, the process of how abusive supervision leads to CWB among nurses has yet to be studied. In fact, prior studies have examined perception of injustice and have discovered consistent support for the correlation between perceived injustice and CWB (e.g., Tepper, 2007; Aquino, Galperin and Bennett, 2004; Bennett and Robinson, 2003). Other than that, several studies (e.g., Schat, Desmarais and Kelloway, 2006a; Inness et al., 2005) have illustrated the direct association between abusive supervision and aggression, but these findings have dismissed the work of Tepper (2000) on the justice-based model of responses in addressing abusive supervision. Moreover, Burton et al. (2011) and Wang et al. (2012) have examined the mediating role of interactional justice on abusive supervision, workplace aggression, and deviance among MBA students, as well as employees in organizations. However, little work has investigated the correlations between abusive supervision, perception of injustice, and CWB in the healthcare fields, specifically in the Malaysian context. Thus, this study seeks to bridge the gap by examining the mediating effect of nurses' perception of injustice on the correlation between abusive supervision and CWB among nurses.

Nevertheless, abusive supervision does not affect everyone in a similar way. Besides, prior researches have shown that abusive supervision leads to CWB, but not everyone who experiences abusive supervision engage in CWB (Thau, Bennett, Mitchell and Marrs, 2009). The dissimilarities in values and characteristics among individuals may prompt them to act inversely towards abusive supervision. Furthermore, psychological traits (individual differences and personal values) are particularly pertinent in comprehending the motivation of engaging certain behaviours (Locke, 1991). Meanwhile, according to Rokeach (1973), people form intentions and engage in behaviours consistent with their preferred values, while Larsson (1989) proposes that individual differences could affect traits in a stressful environment. Other than those, Aryee, Sun, Chen and Farh (2008), and Tepper (2007) carried out a research pertaining to the impact of cultural value orientation (e.g. power distance, collectivism; Hofstede, 2001) on abusive supervision as the aspect of abusive supervision is conceivable to ensue more frequently in nations with high power distance, such as that in Malaysia. As such, studies concerning abusive supervision with non-US samples have received attention from many scholars from Australia, Canada, China, Philippines, South Korea, and Taiwan. However, to the best of the author's knowledge, these cultural values have yet to be studied in Malaysia, chiefly in the nursing context. The moderating role of collectivism value orientation, as well as power distance orientation, were included in this study as they are the most relevant cultural values in this present research framework. The aspects of collectivism value orientation and power distance orientation affect the way people deal with authority, inclusive of their reaction towards abusive behaviours exerted by leaders. Hence, in order to bridge this gap, this study empirically examined the moderating effects of collectivism value orientation and power distance orientation on the correlation between abusive supervision and nurses' perception of injustice.

In a similar vein, according to de Cremer (2002), the degrees in which individuals react to unfair events are varied. In fact, previous studies have investigated the moderating roles of history of aggression (Inness et al., 2005), reasons given by employees for work (Dupre, Inness, Connelly, Barling and Hoption, 2006), and negative reciprocity norm (Mitchell et al., 2007) for the relationship between abusive supervision and CWB. However, from the author's knowledge, only a handful of studies have looked at the moderating role of locus of control. Prior studies did examine locus of control (e.g., Sweeney, McFarlin and Cotton, 1991), but their moderating effects on attitudinal or behavioural reactions were not related to reaction to injustice (Colquitt, Greenberg and Zapata-Phelan, 2005). Similarly, Mitchell et al. (2012) and Wei and Si (2013) have examined locus of control as a moderator, but upon the correlation between abuse perceptions and deviance. On top of that, even though numerous potential personality variables possess the tendency to influence the decision to engage in CWB, this study focused on locus of control due to its link with attributes in work environment. Besides, personality researches have also advocated that locus of control have predicting sensitivity to injustice (Allen and Greenberger, 1980), while Spector (2011) claimed that it is wise and crucial to include variables of individual differences, such as locus of control in situations, for instance injustice, as these constructs have been considered to be socially-learned and self-developed life behaviours. Therefore, this study further addresses the glaring gap by examining the moderating role of locus of control on the association between nurses' perception of injustice and CWB.

In summary, CWB among nurses have been expected to be high with the occurrence of abusive supervision. Nonetheless, these impacts may diverge due to cultural values, personality, and environmental factors at the workplace. The main issue in this current research, nonetheless, intends to investigate when and why nurses from public hospitals engage in CWB after experiencing abusive supervision. As such, this research suggests that when a nurse experiences abusive supervision, he/she is likely to perceive injustice; a situation conducive for the occurrence of CWB. Apart from that, this research also looks into the contingencies that affect nurses' perception of injustice when subjected to abusive supervision, as well as the contingencies that influence nurses' decision to engage in CWB after perceiving injustice.

1.7 Research Questions

The following research questions offer a thorough view on the issues highlighted in this study:

i. Do abusive supervision and nurses' perception of injustice influence nurses' CWB?

- ii. Does nurses' perception of injustice mediate the relationship between abusive supervision and CWB among nurses?
- iii. Do collectivism value orientation and power distance orientation play a role in affecting nurses' perception of injustice subjected to abusive supervision?
- iv. Does locus of control moderate the relationship between nurses' perception of injustice and CWB?

1.8 Research Objectives

The general objective of this study is to investigate the contingencies that affect nurses' perception of injustice when subjected to abusive supervision, as well as the contingencies that affect their decision to engage in CWB after perceiving injustice. Specifically, this research examined the following:

- i. The relationships between abusive supervision, nurses' perception of injustice, and CWB.
- ii. The mediating effect of nurses' perception of injustice on the relationship between abusive supervision and CWB.
- iii. The moderating effects of collectivism value orientation and power distance orientation upon the relationship between abusive supervision and nurses' perception of injustice.
- iv. The moderating effect of locus of control on the relationship between nurses' perception of injustice and CWB.

1.9 Significance of the Study

This study aims to theoretically build and empirically test an integrative model of a variety of connections between abusive supervision, perception of injustice, cultural values, and individual differences in influencing CWB. Other than that, this research addresses several gaps in the extant literature, contributing to theory and practice, as emphasized in the following paragraphs.

From the theoretical stance, this study contributes to the CWB literature by determining the underlying mechanism and contingencies that affect both perception and behaviour, which may directly influence the engagement of nurses in CWB mainly because studies concerning CWB within the healthcare setting are still scarce in Malaysia. In fact, many researches on the constructs assessed in this study were conducted in the Western context. Furthermore, studies pertaining to CWB in Malaysia mainly focus on individual and organizational factors as predictors of CWB (Abdul *et al.*, 2012). This study, thus, extends the existing literature by providing an integrative view in relation to the notions of abusive supervision, nurses' perception of injustice, CWB, collectivism value orientation, power distance orientation, and

locus of control. Consequently, this study adds to the body of knowledge and offers empirical evidences in relation to the aforementioned concepts.

Second, this study extends the comprehension of CWB among nurses by investigating the abusive supervision-CWB linkage, as research in this area is limited in Malaysia. For instance, prior researches on CWB primarily concentrated on nurse-to-nurse aggression and violence (e.g., Edward, Ousey, Warelow and Lui 2014; Hockley, 2002; Farrell, 1999), while this study offers theoretical basis and empirical evidence on abusive supervision in relation to the increase of CWB among nurses in public hospitals. Moreover, as mentioned above, the healthcare industry is susceptible to abusive supervision. Therefore, this study further contributes to the nursing literature by empirically scrutinising the concepts of abusive supervision and CWB.

Third, this study contributes to the current literature by providing explanation to the mechanism of how abusive supervision translates to CWB among nurses. In addition, although Tepper (2000) has testified that organizational injustices mediate the correlation between abusive supervision and a number of negative behavioural reactions, as well as job dissatisfaction and intention to quit; the author disregarded the association between abusive supervision, perceived injustice, and CWB. Besides, to the best of the author's knowledge, only a handful of studies have examined the mediating effect of nurses' perception of injustice on abusive supervision and CWB; except for Wang et al. (2012) and Burton et al. (2011), who investigated the mediating role of interactional justice on abusive supervision, workplace aggression, and deviance among MBA students, as well as employees in organizations. Furthermore, the empirical examination of nurses' perception of injustice as a mediator may aid in better comprehending the underlying mechanism responsible for the correlation between abusive supervision and CWB among nurses. Therefore, this study offers further evidence concerning nurses' perception of injustice as a mediator between abusive supervision and CWB.

The fourth contribution helps in understanding the factors that mitigate the impact of CWB among abused nurses. A few studies on CWB have been conducted outside of the United States, especially in Malaysia, but such studies failed to incorporate individual cultural variables in their model (e.g., Abdul *et al.*, 2012; Moorthy, Somasundaram, Arokiasamy, Nadarajah and Marimuthu, 2011; Peng, Tseng and Lee, 2011; Ahmad and Norhashim, 2008). On the other hand, the investigation of collectivism value orientation, power distance orientation, and locus of control as moderators in the correlations between abusive supervision, nurses' perception of injustice, and CWB can contribute to the existing literature other than providing empirical evidences to those notions in moderating the respective links. Furthermore, the result of these relationships could strengthen the theory of how individual cultural differences affect perception among nurses on injustice, as well as their decision in adopting CWB; thus providing empirical support on the factors that could mitigate CWB among nurses in Malaysian public hospitals.

From the practical outlook, information obtained from understanding the contingencies that affect abusive nurses' perception of injustice and their decision in exerting CWB ultimately helps to inform nurse managers and healthcare administrators on the ways individual factors can mitigate incidences of CWB among nurses. As such, the findings would assist human resource personnel during nurses' recruitment and selection process. Simply put, recruiters can select the right candidates by detecting certain personality or individual differences that could minimize CWB among nurses. For instance, if locus of control is supported in this study, nurses with internal locus of control are less likely to engage in CWB. Hence, personality test can be used by human resource personnel during nurses' recruitment process.

The final contribution of this study also provides some insights to immediate supervisors and hospital management regarding the destructive effects of abusive supervision and CWB at workplace, especially towards the target, the organization, as well as the customers/patients. Hence, the findings obtained from this study may act as a standard for human resource development professionals in evaluating training programmes designed specifically for nurses. Furthermore, nursing schools would also be able to design their nursing educational programmes based on the understanding of individual differences identified in mitigating CWB among nurses.

1.10 Scope of the Study

This study involves registered nurses working at six public hospitals in Malaysia, precisely in the Klang Valley area. The respondents were selected conveniently from the six public hospitals in Klang Valley. The main variables of the study are listed in the following: abusive supervision, nurses' perception of injustice, collectivism value orientation, power distance orientation, locus of control, and CWB among nurses from public hospital.

1.11 Definition of Terms

For the purpose of this study, the following operational definitions have been used.

Counterproductive Work Behaviours (CWB) in this study is defined as the volitional behaviour exerted by nurses that could harm organizations and/or its members in the organization, including peers, supervisors, customers, and clients (Spector *et al.*, 2005).

Abusive Supervision in this research is defined as the perceptions of nurses concerning the extent to which supervisors engage in the sustained display of hostile verbal and non-verbal behaviours, excluding physical contact (Tepper, 2000).

Nurses' Perception of Injustice concerns the perceptions of nurses pertaining to unfair treatment upon the job, which are comprised of three main subjective perceptions; distributive injustice, procedural injustice, and interactional injustice (Colquitt *et al.*, 2005).

Collectivism Value Orientation refers to a person who emphasizes hierarchy as one values tradition, authority system, cooperation, and obedience (Triandis, 1995). This variable is derived from Hofstede's individualism/collectivism dimension, but at the individual level instead of the initial societal level.

Power Distance Orientation refers to a person who perceives that the degree of inequality exists between a less powerful and a more powerful person (Earley, 1994). This variable is adopted from Hofstede's power distance dimension, but at the individual level instead of the initial societal level.

Locus of Control is an individual's generalized expectancy or belief about the nature of outcomes in life (Rotter, 1966). Besides, locus of control consists of two aspects: internal locus of control and external locus of control.

Public Hospitals Nurses in this study refers to registered nurses (RN) in Malaysia with a valid Malaysian Nursing Board License to practise nursing in public hospitals. A staff nurse with U29 grade and above with a diploma or certificate in nursing were considered as respondents in this study.

Public Hospitals or government hospitals are hospitals owned by the government and receive government funding. These hospitals provide free-of-charge medical care through the funding received by these hospitals.

1.12 Organization of the Study

The organization of this thesis is as follows. Chapter 1 presents the background of the study, the problem statement, the research questions and objectives, the significance of the study, and the related definition of terms. Meanwhile, Chapter 2 covers the review of related literature that supports the development of the theoretical framework for this study. Next, the methodology and the methods used to gather data for the study are presented in Chapter 3. Moving on, Chapter 4 discusses the analyses and interpretation of results obtained from the study, while Chapter 5 depicts the summary of the study and findings, conclusions drawn from the findings, and several recommendations for future research.

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